

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

107520430
FILING DATE
APPLICANT(S)

CLAIMS

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3				/		
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50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	2X	←		←		←
TOTAL CLAIMS	26	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
100						
TOTAL IND.		↓			↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]